

SERIAL NUMBER <div style="text-align: center;">09/105,840</div>	FILING DATE <div style="text-align: center;">06/26/98</div>	CLASS <div style="text-align: center;">370</div>	GROUP ART UNIT <div style="text-align: center;">2731</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">TDS-001</div>
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APPLICANT

DAVID BILL, FOSTER CITY, CA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED  
MP

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED  
MP

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED  
MP

  
  
  

FOREIGN FILING LICENSE GRANTED 07/17/98
\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met before Allowance <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
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Verified and Acknowledged MP \_\_\_\_\_  
Initials

  

ADDRESS

~~STEVEN A. SHERNOFFSKY~~  
~~POST OFFICE BOX 390013~~  
~~MOUNTAIN VIEW CA 94039-0013~~

#26171

  

TITLE

  

FILING FEE RECEIVED  <div style="text-align: center;">\$603</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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